

SERIAL NUMBER 09/356,845	FILING DATE 07/19/99	CLASS 375	GROUP ART UNIT 2734	ATTORNEY DOCKET NO. I-1-50.5US
-----------------------------	-------------------------	--------------	------------------------	-----------------------------------

APPLICANT

JOHN DAVID KAEWELL JR., PHILADELPHIA, PA; SCOTT DAVID KURTZ,
MOUNT LAUREL, NJ.

****CONTINUING DOMESTIC DATA****

VERIFIED THIS APPLN IS A CON OF 08/796,973 02/07/97 PAT 5,930,297
 WHICH IS A CON OF 08/588,073 01/17/96 PAT 5,625,653
 WHICH IS A CON OF 08/347,835 12/01/94 PAT 5,495,508
 WHICH IS A CON OF 08/104,322 08/09/93 ABN
 WHICH IS A CON OF 07/438,618 11/20/89 ABN
 WHICH IS A CON OF 07/123,395 11/20/87 PAT 4,935,927

****371 (NAT'L STAGE) DATA****

VERIFIED

****FOREIGN APPLICATIONS****

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____				

ADDRESS

VOLPE AND KOENIG PC
400 ONE PENN CENTER
1617 JOHN F KENNEDY BOULEVARD
PHILADELPHIA PA 19103

TITLE

BASE STATION EMULATOR

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	---

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/356,845	07/19/99	375	2734	I-1-50:508

APPLICANT

JOHN DAVID KAEWELL JR., PHILADELPHIA, PA; SCOTT DAVID KURTZ,
MOUNT LAUREL, NJ.

CONTINUING DOMESTIC DATA*None*****
VERIFIED

371 (NAT'L STAGE) DATA*None*****
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials <u>dyo</u> Initials _____	PA	6	10	1

ADDRESS	VOLPE AND KOENIG PC 400 ONE PENN CENTER 1617 JOHN F KENNEDY BOULEVARD PHILADELPHIA PA 19103
---------	--

TITLE	BASE STATION EMULATOR
-------	-----------------------

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$760		